1882

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09
APPLICANT 09/762074
FILING DATE

CLAIMS

CLAIM	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			CLAIM	IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1	1				1			51						
2								52						
3					1			53						
4								54						
5								55						
6								56						
7								57						
8								58						
9								59						
10								60						
11	1							61						
12								62						
13								63						
14								64						
15								65						
16								66						
17								67						
18								68						
19								69						
20								70						
21								71						
22								72						
23								73						
24								74						
25								75						
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28								78						
29								79						
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41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	3		3		3			TOTAL IND.						
TOTAL DEP.	20		20		20			TOTAL DEP.						
TOTAL CLAIMS	23		23		23			TOTAL CLAIMS						

PTO-1360 (3-78)   *MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

CLAIMS ONLY

Application Number	Filing Date
09/762,074	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED 10/18/04		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend							
1	1						51						
2		1					52						
3							53						
4		1					54						
5		1					55						
6		1					56						
7		1					57						
8		1					58						
9		1					59						
10		1					60						
11	1						61						
12		1					62						
13							63						
14		1					64						
15		1					65						
16		1					66						
17		1					67						
18		1					68						
19		1					69						
20		1					70						
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39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep	2						Total Indep						
Total Depend	16						Total Depend						
Total Claims	18						Total Claims						